

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	W	12/905	2/23/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/16/02
2	✓	✓	1/16/02
3	✓	✓	1/16/02
4	✓	✓	1/16/02
5	✓	✓	1/16/02
6	✓	✓	1/16/02
7	✓	✓	1/16/02
8	✓	✓	1/16/02
9	✓	✓	1/16/02
10	✓	✓	1/16/02
11	✓	✓	1/16/02
12	✓	✓	1/16/02
13	✓	✓	1/16/02
14	✓	✓	1/16/02
15	✓	✓	1/16/02
16	✓	✓	1/16/02
17	✓	✓	1/16/02
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25	✓	✓	1/16/02
26	✓	✓	1/16/02
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42	✓	✓	1/16/02
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44	✓	✓	1/16/02
45	✓	✓	1/16/02
46	✓	✓	1/16/02
47	✓	✓	1/16/02
48	✓	✓	1/16/02
49	✓	✓	1/16/02
50	✓	✓	1/16/02

Claim	Final	Original	Date
51	✓	✓	1/16/02
52	✓	✓	1/16/02
53	✓	✓	1/16/02
54	✓	✓	1/16/02
55	✓	✓	1/16/02
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66	✓	✓	1/16/02
67	✓	✓	1/16/02
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69	✓	✓	1/16/02
70	✓	✓	1/16/02
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72	✓	✓	1/16/02
73	✓	✓	1/16/02
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77	✓	✓	1/16/02
78	✓	✓	1/16/02
79	✓	✓	1/16/02
80	✓	✓	1/16/02
81	✓	✓	1/16/02
82	✓	✓	1/16/02
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85	✓	✓	1/16/02
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87	✓	✓	1/16/02
88	✓	✓	1/16/02
89	✓	✓	1/16/02
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92	✓	✓	1/16/02
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97	✓	✓	1/16/02
98	✓	✓	1/16/02
99	✓	✓	1/16/02
100	✓	✓	1/16/02

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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